

<b>Case Number:</b>	CM15-0183849		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/15/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male, who sustained an industrial injury on September 15, 2012. Medical records indicate that the injured worker is undergoing treatment for low back pain, status-post lumbar fusion, improving leg pain post-operatively and residual back pain post-operatively. The injured worker was not currently working. On (8-6-15) the injured worker reported significant improvement since his lumbar fusion. The injured worker noted episodes of partial bowel incontinence and mid and low back pain especially on the right side. Examination of the lumbar spine revealed tenderness to palpation over the lumbosacral area, palpable paraspinal muscle spasms and a limited range of motion due to pain. Motor strength was noted to be improved and sensation was diminished in the right leg (lumbar five and sacral one distribution). A straight leg raise test was negative bilaterally. Deep tendon reflexes were noted to be improved post-operatively. On (6-1-15) the injured workers pain level was noted to be 5-6 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, x-rays of the lumbar spine, MRI of the lumbar spine, physical therapy, epidural steroid injections, activity modifications, bracing, chiropractic treatments and a lumbar fusion (June of 2014). A report dated August 6, 2015 indicates that the patient has no side effect from Percocet, a pain agreement has been signed, a risk-benefit profile ratio has been checked, and the patient has undergone urine drug testing and is compliant. He has been instructed to continue to wean off Percocet. The note indicates that the patient had adverse reactions to tizanidine and Flexeril and is currently taking soma, which has "been beneficial to him." He has been advised to consider weaning off. Additionally, consultation with a pain management specialist is been

recommended for transfer of care. Current medications include Percocet, Xanax and Soma. The medical records are unclear as to how long the injured worker has been prescribed the current medications. Current requests for treatment include Percocet 5-325 mg # 90, Xanax 2mg # 90, Soma 350 mg # 90 and a functional restoration program. The Utilization Review documentation dated 8-25-15 non-certified the request for a functional restoration program and modified the requests for Percocet 5-325 # 81 (original request # 90), Xanax 2 mg # 81 (original request # 90) and Soma 350 mg # 81 (original request # 90).

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Percocet 5mg/325mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Percocet 5mg/325mg #90, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is acknowledged, that there is no documentation of analgesic efficacy or objective functional improvement. However, there is documentation that an opiate agreement is in place, no intolerable side effects are present, and urine drug screens have been consistent. Additionally, the requesting physician is recommending weaning off this medication. As such, a one-month prescription seems reasonable. In light of the above, the currently requested Percocet 5mg/325mg #90 is medically necessary.

#### **Xanax 2mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.

**Soma 350mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it is acknowledged, that there is no documentation of analgesic efficacy or objective functional improvement. However, there is documentation that an opiate agreement is in place, no intolerable side effects are present, and urine drug screens have been consistent. Additionally, the requesting physician is recommending weaning off this medication. As such, a one-month prescription seems reasonable. In light of the above, the currently requested Soma is medically necessary.

**Functional rehabilitation program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** Regarding the request for a functional restoration program, California MTUS supports chronic pain programs/functional restoration programs when: Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation

to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no statement indicating that other methods for treating the patient's pain have been unsuccessful, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, the guidelines recommend a two-week trial to assess the efficacy of a functional restoration program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The current request for 4 weeks of a rehabilitation program therefore exceeds the duration recommended by guidelines for an initial trial. There is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested functional restoration program is not medically necessary.